



# Request For CCTV Information (external agency)

### FREEDOM OF INFORMATION ACT

If a request under the FOI Act is received for access to footage released in response to this request, or an extract of, please consult our FOI Coordinator in the Department of Immigration and Border Protection FOI section.

### PRIVACY ACT

The provisions of the Privacy Act should be complied with by anyone handling personal information contained within the footage released in response to this request.

### AUSTRALIAN BORDER FORCE ACT

Any information that may be disclosed by ACBPS in response to this request may be subject to Part 6 of the *Australian Border Force Act 2015*.

### Urgency of Request:

Please tick one of the following

**Routine**  (action within 3 Days)    **Priority**  (action within 1 Day)    **Immediate**  (action within 2 hours)

### Details of Request

Date of Incident & Location			
Flight No.			
Alert No. (if applicable)			
Passenger name (if applicable)	First Name	Last Name	
Reason for Request			

### Media Format Required (please tick)

**Note: all images and footage are security classified as Protected. Changing this classification is a security breach.**

DVD copy of Digital Video Footage	<input type="checkbox"/> Number of copies:	Photograph digital video image	<input type="checkbox"/> Number of copies:
Photograph hard copy	<input type="checkbox"/> Number of copies:	Emailing of digital video	<input type="checkbox"/> Number of copies:
Emailing of digital photograph	<input type="checkbox"/> Number of copies:		<input type="checkbox"/> Number of copies:

### Requesting Officer

### Collecting Officer (if different to requesting officer)

Full Name		Full Name	
Agency		Agency	
ASIC/Badge No.		ASIC/Badge No.	
Contact Phone No.		Contact Phone No.	
Signature		Signature	

**Officer of Customs (APS 6 or above) - Please note that any disclosure of information by an officer within the Department of Immigration and Border Protection in response to this request must comply with Part 6 of the *Australian Border Force Act 2015*.**

Full Name		Title and contact Phone No.	
Signature		Date	/ /